

PATIENT

Bean Fine

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

11Y, 1M

WEIGHT

37.5lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74409

DATE

3-30-26

PRESENTING CLINICAL SIGNS

- Bean was dropped off for a dental cleaning (3/6/26), but the dental cleaning was canceled because pre-anesthesia blood work showed elevated liver values. The owner usually feeds Bean Wynwood dog food. Bloodwork. CBC: Reticulocyte Hemoglobin 21.7 pg (22.3 - 29.6), MPV 13.8 fL (8.7 - 13.2). CHEM: Total Protein 8.7 g/dL (5.2 - 8.2), Globulins 4.8 g/dL (2.5-4.5), ALT 446 U/L (10 - 125), ALP 698 U/L (23 - 212), Cholesterol 417 mg/dL (110 - 320). The diet was changed to a liver care diet. In Abdominal US performed on 3/26/26 was detected a large cystic liver mass. CT was requested to stage for surgery.

Abnormal PE/Chem/CBC/UA Results: PE: T 101.9 F, HR 140, RR 32, MM Pink, CRT <2 seg. H/L: WNL.Nuclear sclerosis OU, Corneal opacity OU, Dental Calculus (2/4), mass dorsal to the anus.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The vertebral body of T1 presents an ill-defined geographic osteolytic lesion.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, with randomly distributed interspersed punctuate mineralization.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

The diaphragm is deviated cranially by a cranial abdominal mass effect.

Abdomen

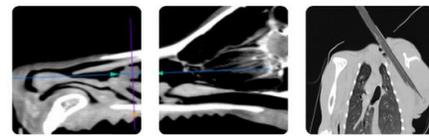
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration multiple well-defined, roundish parenchymal filling defects are appreciated throughout the renal cortex bilaterally.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the region of the quadrate liver lobe/left medial liver lobe, a multiloculated, uniform soft tissue attenuating and peripherally mild contrast enhancing, central fluid attenuating mass is seen; measuring 11.0 x 8.5 x 13.0 cm. The large hepatic mass is blending with the left & right lateral liver lobe cranially.



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The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

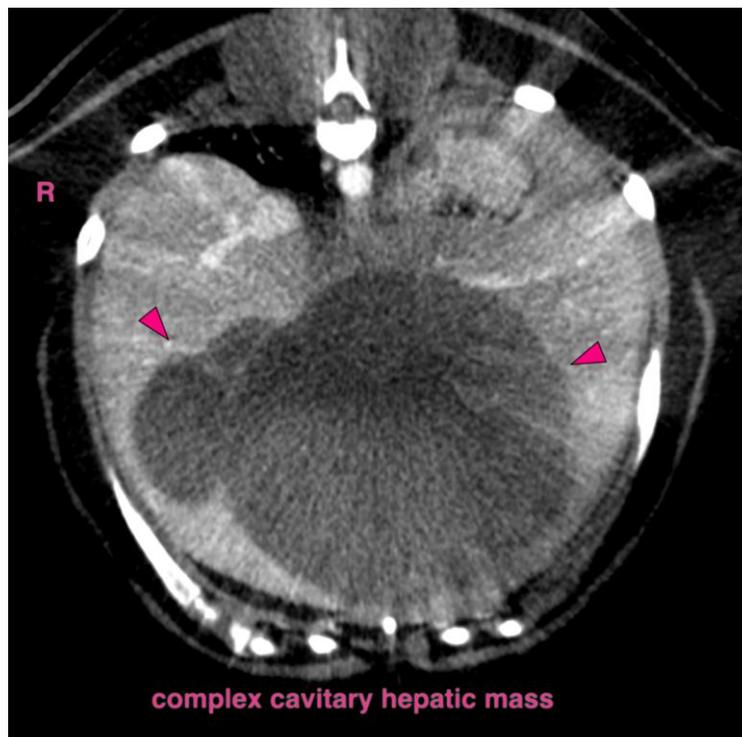
Both coxofemoral joints present mild to moderate osteophyte new bone formation.

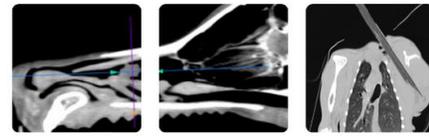
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large complex hepatic cavitory lesion – region of quadrate liver lobe and possible involvement of the right & left lateral hepatic lobe
- Multiple simple renal cortical cysts
- Fatty bone marrow replacement T1
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The complex cavitory hepatic mass can present benign cyst or cystic hepatic neoplasia – such as hepatocellular carcinoma, cholangiocellular carcinoma. Theoretically a parasitic cyst is a potential, but I consider this far less likely here. The cavitory mass is blending with the medial surface of the left & right lateral liver lobes that may be a sequela to the mass effect – involvement of the respective liver lobes is possible. Due to the large size and unclear involvement of additional liver lobes, diagnostic laparotomy is warranted for decision making if surgical management is feasible or not.





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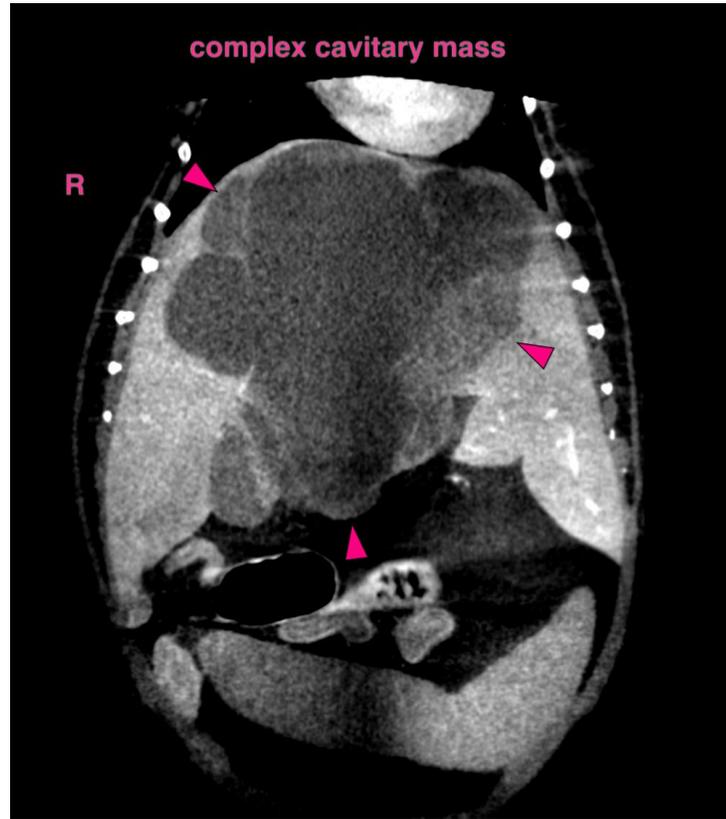
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com